



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Albert Chin et al.  
Serial No. : 10/083,926  
Filed : February 27, 2002  
Title : MEDICAL DEVICE

Art Unit : 3731  
Examiner : Ho, Uyen T

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

A copy of the reference listed on the attached form PTO-1449 is enclosed.

This statement is being filed after a first Office action on the merits, but before receipt of a final Office action or a Notice of Allowance. Applicants submit that a bona fide attempt was made to disclose the reference cited herein in their IDS submitted to the PTO on July 30, 2003. Due to a typographical error, however, the reference may not have been properly considered by the Examiner. For this reason, Applicants believe that a fee is not required at this time.

Please apply any charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

Date: December 30, 2004

Michael R. Hamlin  
Reg. No. 54,149

Fish & Richardson P.C.  
225 Franklin Street  
Boston, MA 02110-2804  
Telephone: (617) 542-5070  
Facsimile: (617) 542-8906

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## CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

December 30, 2004

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Substitute Form PTO-1449 (Modified)	U.S. Department of Commerce Patent and Trademark Office	Attorney's Docket No. 10527-395001	Application No. 10/083,926
<b>Information Disclosure Statement by Applicant</b> (Use several sheets if necessary) (37 CFR §1.98(b))		Applicant Albert Chin et al.	
		Filing Date February 27, 2002	Group Art Unit 3731

<b>U.S. Patent Documents</b>							
Examiner Initial	Desig. ID	Document Number	Publication Date	Patentee	Class	Subclass	Filing Date If Appropriate
	AA	5,693,014	12/2/1997	Abele et al.			

<b>Foreign Patent Documents or Published Foreign Patent Applications</b>							
Examiner Initial	Desig. ID	Document Number	Publication Date	Country or Patent Office	Class	Subclass	Translation Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Other Documents (include Author, Title, Date, and Place of Publication)</b>						
Examiner Initial	Desig. ID	Document				
	AB					

Examiner Signature	Date Considered
EXAMINER: Initials citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.	